

Howard Preston Bradley

Town

County

Died at

Huslock

Dorchester

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5

18

Age 29

8

6

Maryland

Mechanic

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband
of

Kate M. Bradley

Wife

Father's

Name

William H. Bradley

Mother's

Name

Emily Hoffman

Cause of

Primary

Tuberculosis

Death

Immediate

Exhaustion 27

How long sick

17 months

Accident, Suicide, Homicide

Reported by

G. Rogers Myers, M.D.

Address

Huslock

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Charles Haywood

Town

County

Secretary

Dorchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

~~Primary~~

Death

~~Unknown~~

Tuberculosis

29

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Dr. A. L. Baynes

Address

9. Ann Market

Mde

LIBRARY BUREAU, 78706



Name In Full

Certificate of Death

Sarah Holland
 Town Cambridge County Dorchester
 Died at
 Date 1903 May 21. Age 57, 8 20 Native of Md. Occupation Domestic
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living 3

Husband of Joseph Holland
 Wife
 Father's Name Edward Church Mother's Name Mary L. Church
 Maiden Name

Cause of Death { Primary Aortic Stenosis How long sick 1 year
 Immediate Heart failure Accident, Suicide, Homicide

Reported by Wilbur A. Drake M.D.
 Address Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wesley Stanley Johnson
 Town Cambridge County Dorchester
 Died at Cambridge Dorchester MARYLAND
 Date 1903 May 16 Age 1-5 Native of Cambridge Occupation
 Male White Married Infant Widow Divorced Number of children living
 Female Colored Widower
 Husband of
 Wife
 Father's Name Alex Johnson Mother's Maiden Name Ella Selott
 Cause of Death { Primary unknown How long sick Never well
 Immediate 179 Accident, Suicide, Homicide
 Reported by Le Conte & Harper
 Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Indian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Camden</i>		^{County} <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>20</i>	Age	Years	Months
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Camden, Md</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>J. Rodney Jordan</i>			Father's Birthplace <i>Dorchester</i>		
Mother's Maiden Name <i>Margaret K. Johnson</i>			Mother's Birthplace <i>Dorchester</i>		
Name of person giving information <i>J. L. H.</i>			How related to deceased <i>176</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia during birth a Lead</i>	How long	<i>—</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. M. S. L. Brown</i>
		Address	<i>Camden, Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

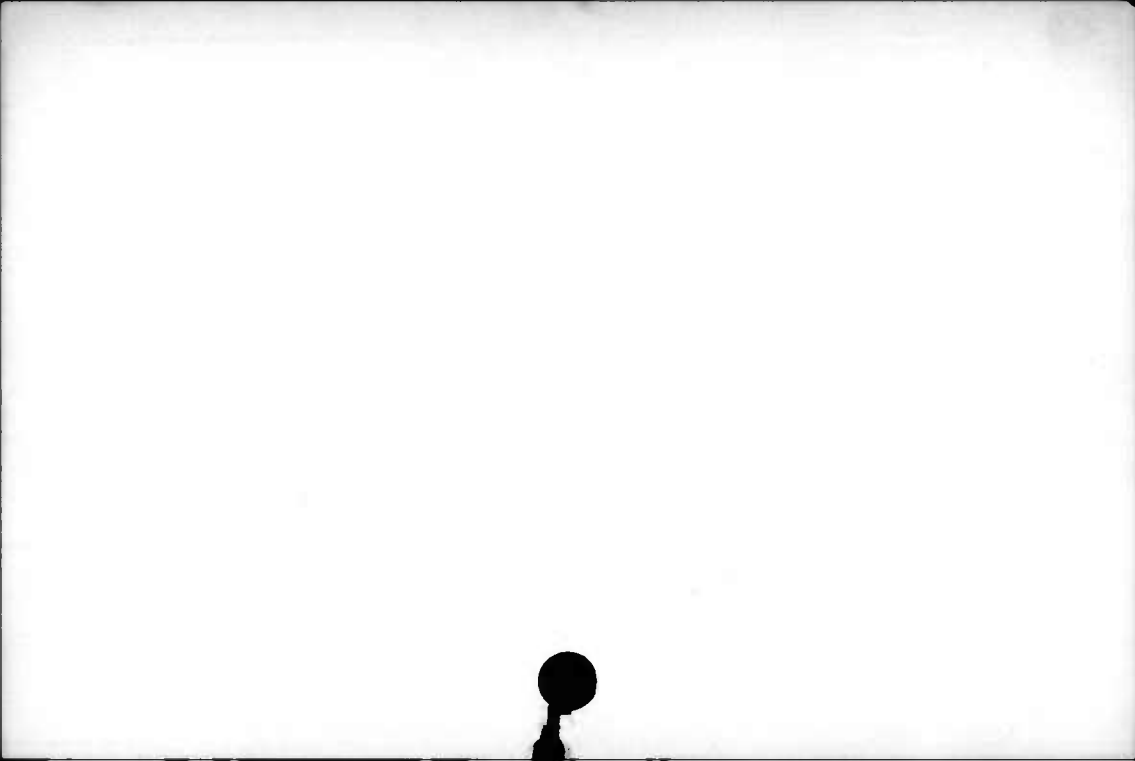
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisville</i> ^{Town}		<i>Rockesbr</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>19-</i>	Years <i>43</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Rockesbr Co</i>		
Married, <u>Single</u> or <u>Widowed</u>			Occupation <i>House work</i>		
Name of Wife or Husband <i>Joseph H. Macer</i>					
Father's Name <i>Richard Bishop</i>			Father's Birthplace <i>Rockesbr Co</i>		
Mother's Maiden Name <i>Eliza Bowley</i>			Mother's Birthplace <i>Rockesbr Co</i>		
Name of person giving In formation <i>Joseph Macer</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Gonorrhea</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Maguire</i>
	Address <i>Church Creek Md.</i>
Accident or Suicide?	



Name
in
Full

Walter Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James</i> Town		<i>Bochester</i> County		MARYLAND	
Date of death	1903	Month	<i>May</i>	Day	<i>4</i>
Sex		Color or Race		Age	Years
<i>Male</i>		<i>White</i>		<i>21</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband			Birth-place		
			<i>James. Md</i>		
Father's Name			Father's Birthplace		
<i>L Edgar Marshall</i>			<i>James Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Hattie For Spedden</i>			<i>James. Md</i>		
Name of person giving information			How related to deceased		
<i>L E Marshall</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus. would not nurse</i>	How long	<i>3 weeks</i>
Immediate	<i>or take nourishment</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>S A Stokes</i>	
		Address	
		<i>R 76#5 Cambridge Md</i>	
Accident or Suicide?			



Sarah Jane Nichols

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 1903

Month

Day

May 31

Y.

M.

D.

Age

44 - -

Native of

Md

Occupation

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Thomas R. Nichols

Wife

Father's

Name

Mother's

Maiden Name

Joshua Thompson

Emma Maria Wouger

Cause of

Primary

Abdominal Tumor

How long sick

3 months

Death

Immediate

Exhaustion 46

Accident, Suicide, Homicide

Reported by

Wilbur A. Drake, M.D.

Address

Cambridge

Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Geo. Washington Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fishing Creek		County		Dorchester		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death	1903	May	23 rd	69	1	9			
Sex	Male		Color or Race	White		Birth-place	Fishing Creek		
Married, Single or Widowed	Single		Occupation	Sailor (Master)					
Name of Wife or Husband									

Father's Name					Father's Birthplace				
John Parker					Fishing Creek Md				
Mother's Maiden Name					Mother's Birthplace				
Mary E. Travers					Fishing Creek Md				
Name of person giving information					How related to deceased				
Alice Lewis					Nieces				

CAUSES OF DEATH

**PHYSICIAN
OR CORONER**

Primary	<i>Gun shot wound of Abdomen</i>	How long	<i>_____</i>
Immediate	<i>Hemorrhage Collapse</i>	How long	<i>About 1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W.H. Houston M.D.</i>
		Address	<i>Fishing Creek</i>
Accident or Suicide?	<i>Suicide</i>		



Name
in
Full

Howard Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>May</u> ^{Month}	<u>12</u> ^{Day}	<u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Cambridge Md</u>			
Married, Single or Widowed <u>single</u>		Occupation <u>—</u>			
Name of Wife or Husband					
Father's Name <u>Elijah C. Perry</u>			Father's Birthplace <u>Wm. Co. Md.</u>		
Mother's Maiden Name <u>Rebecca Golden</u>			Mother's Birthplace <u>Wm. Co. Md.</u>		
Name of person giving information <u>Elijah C. Perry</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Umbilical Hemorrhage</u>	How long <u>1 1/2 days</u>
Immediate <u>Ephraim</u>	How long <u>15 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guys Stille</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

Thomas Martin Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Cambridge TownCounty Dorchester

MARYLAND

Date

of death 1904

Month

May

Day

28

Age

Years

—

Months

5

Days

5

Sex

MaleColor or
RacecoloredBirth-
placeDor. Co. Md.Married, Single
or WidowedSingle

Occupation

—Name of Wife or
HusbandFather's
NameWm. Martin CornishFather's
BirthplaceDor. Co. Md.Mother's
Maiden NameLouisa NicholsMother's
BirthplaceBellevue Md.Name of person giving
In formationLouisa CornishHow related
to deceasedMother

CAUSES OF DEATH

Primary

Brain fever

How long

2 weeks

Immediate

Exhaustion

How long

—Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianHenry Smith

Address

Cambridge Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i> Town			<i>Worcester</i> County			MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>13</i>	Age <i>9</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Madison</i>			
Married, Single or Widowed			Occupation <i>school boy</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Sol. Tillman</i>				Father's Birthplace <i>Worcester Co</i>			
Mother's Maiden Name <i>Mary Jane Opper</i>				Mother's Birthplace <i>Worcester Co</i>			
Name of person giving information <i>Pittrell Opper</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>2 days</i>
Immediate <i>Convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. J. Maguire</i>
	Address <i>Church Creek Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i>		Town <i>Church Creek</i>		County <i>Harroches</i>		State <i>MARYLAND</i>	
Date of death 1903	Month <i>May</i>	Day <i>12th</i>	Age <i>1</i>	Years	Months <i>4</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Infant</i>		Occupation <i>Infant</i>					
Name of Wife or Husband							
Father's Name <i>Benjamin Turner</i>				Father's Birthplace			
Mother's Maiden Name <i>Mary Ellen Clay</i>				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>3 days</i>
Immediate <i>Born with Pneumonia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. F. Maguire M.D.</i>
	Address <i>Church Creek Md.</i>
Accident or Suicide?	



Name
in
Full

Samuel Travers

CERTIFICATE OF DEATH

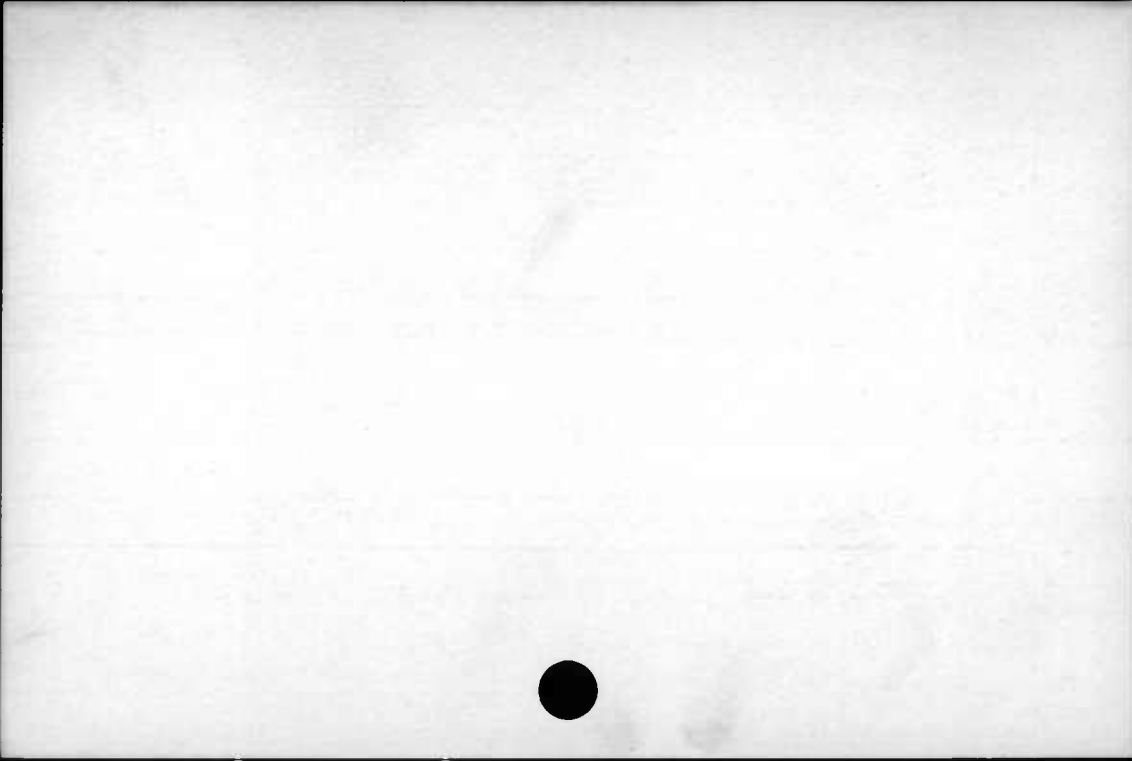
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Madison		County Dorchester		MARYLAND		
Date of death 1903		Month May	Day 13 th	Years Age about 50		Months	Days	
Sex	Male		Color or Race	White		Birth- place	Dor. Co. Md.	
Married,	Yes Widow			Occupation Farmer				
Name of Wife or Husband		Matilda Travers						
Father's Name		Vachel Travers				Father's Birthplace		Dor. Co. Md.
Mother's Maiden Name		Sarah Fitzhugh				Mother's Birthplace		Dor. Co. Md.
Name of person giving In formation		Matilda Travers				How related to deceased		Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	about 9 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	B. L. Amick M.D.
			Address	Madison, Md.
Accident or Suicide?				



Murray Milton Waters

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date 1903 ^{Month} May ^{Day} 30 Age ^{Y.} 19 ^{M.} 9 ^{D.} 22 ^{Native of} Md. ^{Occupation} Wailer

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name John B. Waters Mother's Name Martina ^{Cornish} ~~Hughes~~

Cause of Death { Primary Pulmonary Phthisis 2 } How long sick 5 months

Death { Immediate Pulmonary Haemorrhage } ~~Accident, Suicide, Homicide~~

Reported by Wilbur A. Drake, M.D.

Address Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town *Vienna dist* County *Worchester* MARYLAND
 Died at *in*

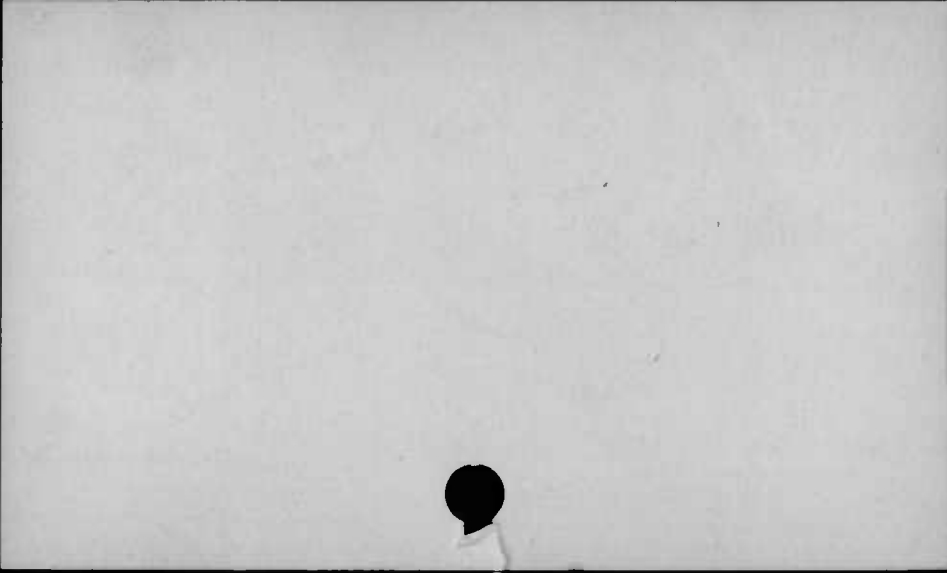
Date 1903 *May 9* Month *May* Day *9* Y. *74* M. *6* D. *6* Native of *Worcester Co* Occupation *Farmer*
 Male *White* Married *Widow* Divorced *Widower* Number of children living *8*
~~Female~~ ~~Colored~~ ~~Single~~

Husband of *Sallie E. Phillips*
 Wife of *Matthew Willey* Mother's Name *don't know*
 Cause of Death { Primary *Inactivity of Liver* Immediate *IX* How long sick *sixty days*
~~Accident, Suicide, Homicide~~

Reported by *S. S. Ewell M.D.*
 Address *Vienna*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899



Name
in
Full

Mary E. Willis ✓

CERTIFICATE OF DEATH

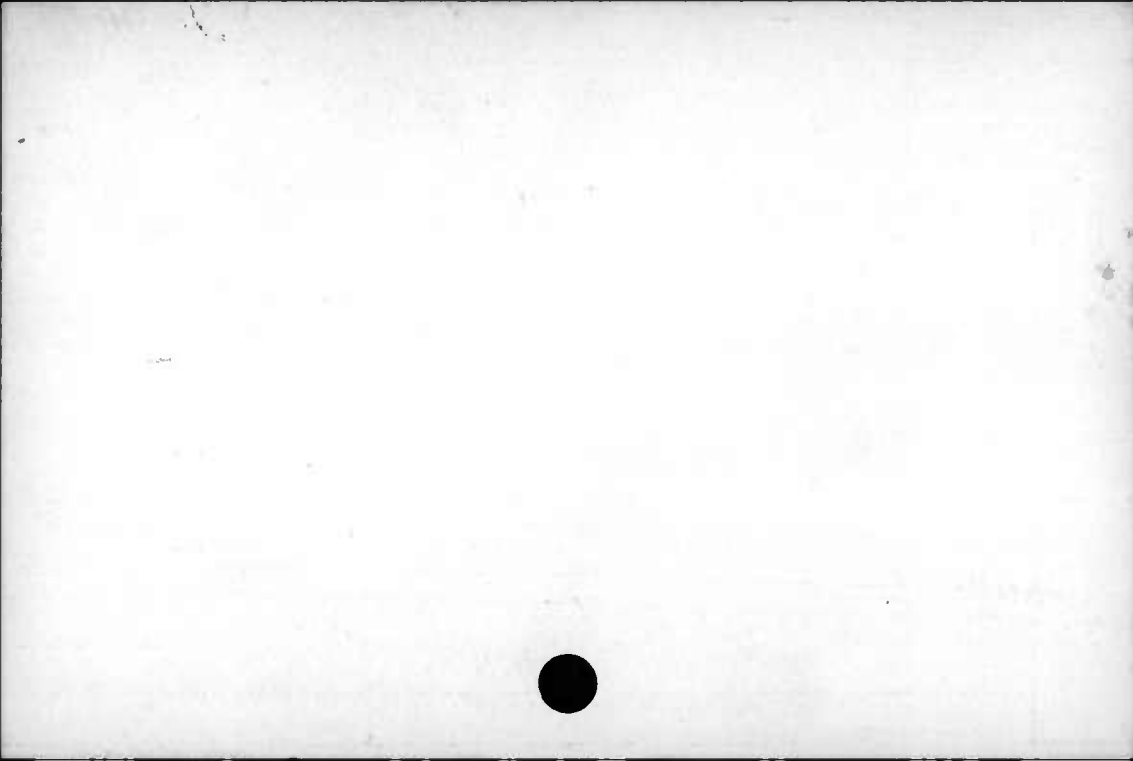
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i> Twn		<i>Dorchester</i> County		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>*24th</i>	Age <i>55</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester Co. Md</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housework</i>			
Name of Wife Husband <i>William H. Willis</i>					
Father's Name <i>Thomas Mace</i>		Father's Birthplace <i>Dorchester Co. Md</i>			
Mother's Maiden Name <i>Elizabeth Woolford</i>		Mother's Birthplace <i>Dorchester Co. Md</i>			
Name of person giving information <i>William T. Willis</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asphyxia immersum - Asphyxia</i>	How long <i>Probably</i>
Immediate <i>by submersion in the water of a stream</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Smith</i>
* <i>Probably about 10 o'clock A. M.</i>	Address <i>Church Creek, Md.</i>
Accident or Suicide? <i>Suicide</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millton</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>6</i> Day	Age <i>67</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband —					
Father's Name <i>Wm H Woolford</i>			Father's Birthplace —		
Mother's Maiden Name <i>Sallie Pifforn</i>			Mother's Birthplace —		
Name of person giving information —			How related to deceased —		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>3 days</i>
Immediate <i>Stroke</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. McAdams</i>
	Address <i>Church Creek Md.</i>
Accident or Suicide?	



Name
in
Full

Sarah A. Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died Near ^{Town} <i>Madison</i>		^{County} <i>Dorchester</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>25th</i>	Age <i>79</i>	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md.</i>		
Married, Single Widowed			Occupation <i>Housewife</i>		
Name of Wife <i>Stephen B. Woolford</i> Husband					
Father's Name <i>John Brooks. (John Brooks.)</i>			Father's Birthplace <i>Madison, Md</i>		
Mother's Maiden Name <i>Can't ascertain</i>			Mother's Birthplace <i>Madison ..</i>		
Name of person giving information <i>Joseph W. Brooks</i>			How related to deceased <i>half brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer</i>	<i>45</i>	How long	<i>Several Years</i>
Immediate	<i>Extreme prostration</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>	
<i>Filed 1903</i>		Address <i>Madison, Md</i>		
Accident or Suicide?				

